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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines HCA INC. GOOD GOVERNMENT FUND PO BOX 550 ADDRESS (number and street) ONE PARK PLAZA Check if different than previously **NASHVILLE** TN 37203 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00067231 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 07 3 1 2008 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David Anderson Type or Print Name of Treasurer Electronically Filed by David Anderson 08 18 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name HCA INC. GOOD GOVERNMENT FUND D D " D 0.7 0.7 0 1 2008 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 248699.32 January 1 (b) Cash on Hand at 120089.31 Begining of Reporting Period ..... 878.53 19622.72 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 120967.84 268322.04 6(a) and 6(c) for Column B) ..... 6678.65 154032.85 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 114289.19 114289.19 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

0 1 3<sup>D</sup>1 м м 0 7 м м 0 7 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9240.00 390.00 (i) Itemized (use Schedule A) .......... 245.00 6450.50 (ii) Unitemized ..... (iii) TOTAL (add 635.00 15690.50 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 635.00 15690.50 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 243.53 3932.22 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 878.53 19622.72 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 878.53 19622.72

(subtract Line 18(c) from Line 19) .....

21. Operating Expenditures:

Contributions to

24. Independent Expenditure

27. Loans Made.....

(from Schedule H6)

from Line 31).....

23.

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 178.65 3282.85 Expenditures..... (c) Total Operating Expenditures 178.65 3282.85 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 4000.00 142000.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 2500.00 8750.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 6678.65 154032.85 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

6678.65

154032.85

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	635.00	15690.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	635.00	15690.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	178.65	3282.85
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	178.65	3282.85

FE6AN026

John Deardorff

City

Ocala

Receipt For:

City

<u>Ctr</u> Receipt For:

Primary

Other (specify)

General

Olathe

Primary

A.

В.

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 6/12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1707 SW 17th PI 07 0 1 2008 State Zip Code Transaction ID: SA11AI.16969 FI 34471 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C federal political committee. Name of Employer West Marion Community Hos-Occupation CEO Aggregate Year-to-Date ▼ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Ashley Wilson McClellan Date of Receipt Mailing Address 12131 S Rene St 07 01 2008 Transaction ID: SA11AI.16967 State Zip Code KS 66062 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Name of Employer Overland Park Regional Med Occupation

240.00

SUBTOTAL of Receipts This Page (optional)	<u> </u>	390.00
TOTAL This Period (last page this line number only)	<b>•</b>	390.00

Assoc. Admin.

Aggregate Year-to-Date

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND	)		
	Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227 City	State	Zip Code	Date of Receipt  0 7 0 1 2 0 0 8  Transaction ID: SA17.16961
	Orlando  FEC ID number of contributing federal political committee.  Name of Employer	C Occupation	32862-2227	Amount of Each Receipt this Period  243.53  interest income
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 3932.22	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	243.53
TOTAL This Period (last page this line number only)	<b>—</b>	243.53

State:

A.

# **SCHEDULE B (FEC Form 3X)**

District:

FOR LINE NUMBER: PAGE 8/12 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.16962 Suntrust Bank Date of Disbursement o<sup>M</sup> 7 2 1 2008 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 178.65 Purpose of Disbursement account analysis fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	178.65
TOTAL This Period (last page this line number only)	<b>—</b>	178.65

TEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		ate schedule(s)	_	INE NUMBE only one)	R:	PAGE 9	/ 12
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) CALVERT FOR CONGRESS  Mailing Address 7942 W BELL ROAD-C5 PMB 488  City State Zip Code AZ 85308  City GLENDALE AZ 85308  Category/ Category/ Type  Other (specify) ▼  Transaction ID: SB23.16972 Date of Disbursement time Per Category/ Type  Transaction ID: SB23.16972 Date of Disbursement time Per Category/ Type  Transaction ID: SB23.16979 Date of Disbursement time Per Category/ Type  Transaction ID: SB23.16979 Date of Disbursement ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement ID: SB23.16979 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement ID		Detailed S	ummary Page	27	28a	28b	28c 29	,
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) CALVERT FOR CONGRESS  Mailing Address 7942 W BELL ROAD-C5 PMB 488  City Az 85308  City Az 85308  City Category' CALVERT FOR CONGRESS  Office Sought: X House Prisalent State: AZ District: 02  Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN  Office Sought: Y House President Indialy Primary X General CITIZENS FOR HARKIN  Office Sought: House President Indialy Category' Category' CITIZENS FOR HARKIN  Office Sought: House President Indialy Category X General CITIZENS FOR HARKIN  Office Sought: House President Indialy Represent For: 2008 X Senate President Indialy Represent For: 2008 City Category' Type  Transaction ID: SB23.16979 Date of Disbursement Indialy Primary X General Office Sought: House President Indialy Represent For: 2008 X Senate President State: AD District: 00  Full Name (Last, First, Middle Initial) FIRENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City State Zip Code CA 93121  Purpose of Disbursement CA 93121  Purpose of Disbursement CA 93121  Fundadate Name CA 93121  Fundadate N								
Transaction ID: SB23.16982  Calcy Code GLENDALE  AZ  State  CALVERT FOR CONGRESS  Office Sought:  Senate  President  State: AZ  District: 02  Full Name (Last, First, Middle Initial)  CITIZENS FOR HARKIN  Office Sought:  AS  State  AS  State  AS  State  AS  State  AS  State  AS  District: 02  Full Name (Last, First, Middle Initial)  CITIZENS FOR HARKIN  Office Sought:  AS  State  AS  AROunt of Each Disbursement in 1000.00  Transaction ID: SB23.16979  Date of Disbursement Info 1000.00  Transaction ID:	NAME OF COMMITTEE (In Full)							
City State: AZ District: 02 Full Name (Last, First, Middle Initial) City Senate President City Senate Primary X General Purpose of Disbursement Carliforms FOR HARKIN Mailing Address P O BOX 811  City Senate President City Senate Primary X General Purpose of Disbursement City Senate Primary X General Purpose of Disbursement City State: AZ District: 02  Full Name (Last, First, Middle Initial) City State Zip Code Calegory' Type  Category' Type  Transaction ID: SB23.16979 Date of Disbursement Undraiser Candidate Name CITIZENS FOR HARKIN  Office Sought: House X Senate Primary X General President State: IA District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City State Zip Code CA 93121  Transaction ID: SB23.16982 Date of Disbursement Undraiser  Transaction ID: SB23.16982 Date of Disbursement Undraiser  Category' Type  Amount of Each Disbursement this Per Category' Type  Transaction ID: SB23.16982 Date of Disbursement Undraiser  Category' Type  Amount of Each Disbursement this Per Category' Type  Category' Type  Category' Type  Category' Type  Transaction ID: SB23.16982 Date of Disbursement Undraiser  Category' Type  Category' Type					Date of	of Disbursemer	nt	
GLENDALE  Purpose of Disbursement campaign Candidate Name CALVERT FOR CONGRESS  Office Sought:  X House Senate President State: AZ District: 02  Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN  Mailing Address P O BOX 811  City DES MOINES  Purpose of Disbursement Candidate Name CITIZENS FOR HARKIN  Office Sought:  House President State: IA District: 02  Full Name (Last, First, Middle Initial) City Category/ Type  Transaction ID: SB23.16979 Date of Disbursement Mailing Address P O BOX 811  Category/ Type  Transaction ID: SB23.16979 Date of Disbursement this Per Category/ Type  Transaction ID: SB23.16979 Date of Disbursement this Per Category/ Type  Transaction ID: SB23.16979 Date of Disbursement this Per Category/ Type  Transaction ID: SB23.16979 Date of Disbursement this Per Category/ Type  Transaction ID: SB23.16982 Date of Disbursement this Per  Transaction ID: SB23.16982 Date of Disbursement  1000.00  Transaction ID: SB23.16979  Transaction ID: SB23.16979  Transaction ID: SB23.16979  Amount of Each Disbursement this Per  Category/ Type  Transaction ID: SB23.16979  Tra		1				01	ŽO	8 0
Cardidate Name CALVERT FOR CONGRESS  Office Sought:	GLENDALE				Amou	nt of Each Dist		
CALVERT FOR CONGRESS  Office Sought:	campaign				]		1000	.00
Senate Prisident State: AZ District: 02  Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN  Mailing Address P O BOX 811  City DES MOINES IA 50304  Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR HARKIN  Office Sought: House Prisident Primary Ageneral Other (specify) ▼  Transaction ID: SB23.16979 Date of Disbursement this Per Category' Type  Category' Type  Transaction ID: SB23.16979 Date of Disbursement this Per Date of Disbursement this Per Des Moint of Each Disbursement this Per Candidate Name CITIZENS FOR HARKIN  Office Sought: House Primary Ageneral Other (specify) ▼  Transaction ID: SB23.16982 Date of Disbursement For: 2008 Date of Disbursement To Transaction ID: SB23.16982 Date o	CALVERT FOR CONGRESS							
Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN  Mailing Address P O BOX 811  City DES MOINES IA 50304  Purpose of Disbursement Candidate Name CITIZENS FOR HARKIN  Office Sought:  I House Primary V General Other (specify)  FILENDS OF LOIS CAPPS  Mailing Address  Po Box 23940  Transaction ID: SB23.16979 Date of Disbursement  District: 00  Transaction ID: SB23.16979 Date of Disbursement this Per  Category/ Type  Transaction ID: SB23.16982  Date of Disbursement  Office Sought:  Transaction ID: SB23.16982  Date of Disbursement  Office Specify)  Transaction ID: SB23.16982  Date of Disbursement  Office Specify  Transaction ID: Specify  Trans	Senate President	Primary	X General					
CITIZENS FOR HARKIN  Mailing Address P O BOX 811  City DES MOINES State Zip Code IA 50304  Purpose of Disbursement fundraiser  Candidate Name CITIZENS FOR HARKIN  Office Sought: House Primary X General Other (specify) ▼  State: IA District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City State Zip Code IA 50304  Transaction ID: SB23.16982 Date of Disbursement Mo 7 M / D 3 D / Y 2 0 0 8 M / Y								
City DES MOINES  Purpose of Disbursement fundraiser  Candidate Name CITIZENS FOR HARKIN  Office Sought:  House President State: IA District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City Santa Barbara Purpose of Disbursement CA 93121  Purpose of Disbursement CA 93121  Purpose of Disbursement Category/ Type  Amount of Each Disbursement this Per  1000.00  Transaction ID: SB23.16982 Date of Disbursement  Mo 7 M / D 3 D / Y 2 O 0 8 Y  Amount of Each Disbursement this Per  Category/ Type  Amount of Each Disbursement this Per  Category/ Type  Amount of Each Disbursement this Per  Category/ Type  Office Sought: X House Primary A General Other (specify)  Other (specify)  Other (specify)  Gategory/ Type  Other (specify)	,				Date of	of Disbursemer	nt	
DÉS MOINES  Purpose of Disbursement fundraiser  Candidate Name CITIZENS FOR HARKIN  Office Sought:  House  X Senate  President  President  State: IA  District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address  PO Box 23940  City Santa Barbara  City Santa Barbara  Purpose of Disbursement Contribution  Candidate Name FRIENDS OF LOIS CAPPS  Office Sought:  X House  Primary  State  Zip Code CA  93121  Amount of Each Disbursement this Per  Category/ Type  Office Sought:  X House  Primary  Office Sought:  X House  Primary  Office Sought:  X House  Primary  Other (specify)  Other (specify)   Category/ Type  Office Sought:  X House  Primary  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)	Mailing Address P O BOX 811				0 7	M / 23	žo	8 0
Candidate Name CITIZENS FOR HARKIN  Office Sought: House X Senate Primary X General Other (specify) ▼  State: IA District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City Santa Barbara CA 93121  Purpose of Disbursement contribution Candidate Name FRIENDS OF LOIS CAPPS  Office Sought: X House Primary X General Other (specify) ▼  Amount of Each Disbursement 1000.00  Category/ Type  Category/ Type  Office Sought: X House Primary X General Other (specify) ▼  Other (specify) ▼					Amou	nt of Each Dist	oursement thi	is Perio
CITIZENS FOR HARKIN  Office Sought: House X Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City Santa Barbara CA 93121  Purpose of Disbursement contribution  Candidate Name FRIENDS OF LOIS CAPPS  Office Sought: X House Primary X General Other (specify) ▼  Category/ Type  Office Sought: X House Primary X General Other (specify) ▼  City State Zip Code Category/ Type  Category/ Type  Office Sought: X House Primary X General Other (specify) ▼  Other (specify) ▼  Category/ Type					7 -		1000	.00
State: IA  District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address  PO Box 23940  City Santa Barbara  Purpose of Disbursement Contribution  Candidate Name FRIENDS OF LOIS CAPPS  Office Sought:  X Senate Primary  Other (specify)  Other (specify)  Transaction ID: SB23.16982 Date of Disbursement  Other (specify)  Amount of Each Disbursement this Per  Category/ Type  Other (specify)								
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City State Zip Code Santa Barbara CA 93121  Purpose of Disbursement Candidate Name FRIENDS OF LOIS CAPPS  Office Sought: X House Senate Primary X General Other (specify) Type  Transaction ID: SB23.16982  Date of Disbursement  Amount of Each Disbursement this Per Category/ Type  Category/ Type  Office Sought: X House Other (specify) Type	χ Senate President	Primary	X General					
FRIENDS OF LOIS CAPPS  Mailing Address PO Box 23940  City State Zip Code Santa Barbara CA 93121  Purpose of Disbursement Candidate Name FRIENDS OF LOIS CAPPS  Office Sought: X House Senate Primary X General Other (specify) ▼					Trans	action ID: S	R22 16082	
Mailing Address PO Box 23940  City State Zip Code Santa Barbara CA 93121  Purpose of Disbursement contribution  Candidate Name FRIENDS OF LOIS CAPPS  Office Sought: X House Senate Primary X General President  Disbursement For: 2008  Primary X General Other (specify) ▼					Date of	of Disbursemer	nt	Y Y
Santa Barbara  CA  93121  Purpose of Disbursement contribution  Candidate Name FRIENDS OF LOIS CAPPS  Office Sought:  X House Senate Primary President  Other (specify)  Other (specify)  Type  Category/ Type	Mailing Address PO Box 23940					30	200	8 0
contribution  Candidate Name FRIENDS OF LOIS CAPPS  Office Sought:  X House Senate Primary President  Other (specify)  Category/ Type  Category/ Type					Amou	nt of Each Dist		
FRIENDS OF LOIS CAPPS  Office Sought:  X House Senate Primary President  Other (specify)  Type  Type	contribution				]		1000	.00
Senate Primary X General President Other (specify) ▼								
State: CA District: 23	Senate	Primary	X General					
	State: CA District: 23		· 					

S	CHEDULE B (FEC For	m 3X)			EODLIN	E NUMBER:	DACE	PAGE 10 / 12				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check of		PAGE	10 / 12					
••	LIMIZED DISDONSEMI	_1413		Summary Page	21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b			
	y Information copied from such Rep for commercial purposes, other than		•		, , ,		•					
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
	HCA INC. GOOD GOVERNM	IENT FUND										
	Full Name (Last, First, Middle Initia	l)				Transaction ID	: SB23.1698	30				
	ROAD TO VICTORY POLITIC	CAL ACTION	COMMIT	TEE		Date of Disburs	ement					
						0 7 D	29 / Y Y 2	0 0 8				
	Mailing Address 1306 Bellvie Unit A2	ew Blvd.				07	29 2	008				
	City		State	Zip Code		Amount of Each	Disbursement	this Period	d			
	Alexandria		VA	22307			40	00.00	$\neg$			
	Purpose of Disbursement						10	00.00				
	PAC to PAC contribution											
	Candidate Name				Category/ Type							
	Office Sought: House	Disburse	ment For:									
	Senate		Primary	General								
	President		Other (spe	ecify) 🔻								
	State: District:											

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number only)		4000.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NE NUMBER: PAGE						11 /	11 / 12		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check of 21b) 27	_	1e) 22 28a	П	23 28b	$\square$	24 28c	X	25 29	Н	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												S		
NAME OF COMMITTEE (In Full)														
HCA INC. GOOD GOVERNMENT FUND														
Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep					Trans Date o		-					Y		
Mailing Address 112 La Bar Drive					0 7			0 1	L	2	o ŏ	3		
•	State Zip Code TN 37075				Amou	nt o	f Each	n Disb	urse	-	-		d	
Purpose of Disbursement fundraiser			•		L.		-			. 5	00.0	0		
Candidate Name Debra Maggart for State Rep			ategory/ Type											
Office Sought: X House Disburse Senate President	ment For: 2008 Primary X General Other (specify)													
State: TN District: 45														
Full Name (Last, First, Middle Initial) Friends of Randy Camp					Trans Date o			_	-	169	73			
Mailing Address PO Box 384					0 <sup>M</sup> 7	М	/ D	0 1	/	ž	οŏ	3 <sup>Y</sup>		
•	State Zip Code TN 38001				Amou	nt o	f Each	n Disb	urse	ment	t this	Perio	d	
Purpose of Disbursement fundraiser			•			_				5	00.0	0		
Candidate Name Friends of Randy Camp			ategory/ Type											
Office Sought:    House   Disburse     X   Senate     President	ment For: 2008 Primary X General Other (specify)													
State: TN District: 26														
Full Name (Last, First, Middle Initial) Glen Casada for State Representative					Trans Date o	of D	isburs	emen						
Mailing Address 4893 Bethesda Duplex Ro	oad				0 <sup>M</sup> 7	М	/ D	0 1	′ L`	ž	o ŏ	3 <sup>Y</sup>		
	State Zip Code TN 37046				Amou	nt o	f Each	n Disb	urse	ment	t this	Perio	d	
Purpose of Disbursement campaign contribution										5	00.0	0		
Candidate Name Glen Casada for State Representative			ategory/ Type											
X	ment For: 2008 Primary General Other (specify)													
Gate. 114 District. 00						_							_	
SUBTOTAL of Disbursements This Page (optional) .				_	<u>_</u>	_	_		_	150	0.00	0	$\exists$	
TOTAL This Period (last page this line number only)			•	•										

SCHEDULE B (FEC ITEMIZED DISBURS	SEMENTS Use so for each Detailed	eparate schedule(s) th category of the ed Summary Page	FOR LINE N (check only of 21b 27	one)   22     23       28a     28b	PAGE 12 / 12  24
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NAME OF COMMITTEE (In HCA INC. GOOD GOVE	,				
Full Name (Last, First, Midd Mumpower Campaign Mailing Address PO Bo	e Initial) ox 2221			Transaction ID: S Date of Disbursemen	
City Bristol Purpose of Disbursement campaign contribution Candidate Name Mumpower Campaign Office Sought:  X Hous	te X Primary	General	Category/ Type	Amount of Each Dist	bursement this Period 1000.00
State: TN District:		specify)			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b></b>	2500.00